



Spire Biomedical, Inc. • One Patriots Park • Bedford, MA 01730-2396  
(781) 275-6000 • (781) 275-7470 fax

K013160

## Section 8

### 510(k) Summary

Pourchez XpressO™ Twin Lumen Chronic  
Hemodialysis Catheter with Separated Tips

**Date:** September 19, 2001

**Submitter:** Spire Biomedical, Inc.  
One Patriots Park  
Bedford, MA 01730-2396  
Phone: (781) 275-6000  
Fax: (781) 275-7470

**Contact Person:** Donald Fickett  
Director of RA/QA  
Spire Biomedical, Inc.  
Phone: (781) 275-6000 x221  
Fax: (781) 275-7470  
e-mail: [dfickett@spirecorp.com](mailto:dfickett@spirecorp.com)

**Device Names:**

*Trade Name:* Pourchez XpressO™ Twin Lumen Chronic Hemodialysis Catheter  
with Separated Tips

*Common Name:* Catheter, Intravascular, Long-Term

*Classification Name:* Catheter, Hemodialysis, Implant (Long-Term)

**Legally Marketed Devices to Which Substantial Equivalence is Claimed:**

- 1) Medical Components, Inc. Ash Split Cath™ (in Technological Characteristics)
- 2) Quinton Instruments Company, Adult Perm-Cath™ (in Materials Compatibility)

**Device Description:** The Pourchez XpressO™ Twin Lumen Chronic Hemodialysis Catheter with Separated Tips is a flexible radiopaque silicone catheter. The distal end has two tips separated over a predetermined distance. The distal arterial and venous lumens are round and are staggered to reduce recirculation. The body is oval, and the proximal end has two distinctive lumens with color-coded adapters (red for arterial and blue for venous). The catheter is available in four different tip-to-hub lengths. It is also available with and without side holes on the distal ends. The catheter has a polyester cuff located at one of four different locations from the distal end.



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## **510(k) Summary (Continued)**

### **Pourchez XpressO™ Twin Lumen Chronic Hemodialysis Catheter with Separated Tips**

**Intended Use:** The Pourchez XpressO™ Catheter is designed for chronic (long-term) hemodialysis and apheresis. It is designed for percutaneous insertion or insertion via cutdown into the jugular or subclavian vein.

**Technological Characteristics Comparison to Predicate Devices:** The Pourchez XpressO™ Catheter has the same intended use, similar size, same number of lumens, similar cross-sectional lumen area, and the same insertion method and insertion sites as the Medical Components, Inc. Ash Split Cath™. Additionally, the Pourchez XpressO™ Catheter has similar flow rates, blood recirculation rates, priming volumes and sterilization method as the Ash Split Cath™. The Pourchez XpressO™ Catheter has the same materials of construction as the Quinton Instruments Company Perm-Cath™.

**Performance Data:** A series of tests were performed to demonstrate substantial equivalence to predicate devices or conformation to established ISO standards for hemodialysis catheters. In all cases, the Pourchez XpressO™ catheter demonstrated equivalent or superior performance to the predicate devices or exceeded the minimum acceptance criteria established by the appropriate standard.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

APR 11 2002

Mr. Donald Fickett  
Director of RA/QA  
Spire Biomedical, Inc.  
One Patriots Park  
BEDFORD MA 01730-2396

Re: K013160

Trade Name: Pourchez XpressO™ Twin Lumen Chronic Hemodialysis Catheter with  
Separated Tips

Regulation Number: 21 CFR 876.5540

Regulation Name: Blood access device and accessories

Regulatory Class: III

Product Code: 78 MSD

Dated: January 10, 2002

Received: January 11, 2002

Dear Mr. Fickett:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (the Act). You may, therefore, market the device, subject to the general controls provisions of Act. However, you are responsible to determine that the medical devices you use as components in the kit and tray have either been determined as substantially equivalent under the premarket notification process (Section 510(k) of the act), or were on the market prior to May 28, 1976, the enactment date of the Medical Device Amendments. Please note: If you purchase your device components in bulk (i.e., unfinished) and further process (e.g., sterilize) you must submit a new 510(k) before including these components in your kit and tray. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21

Page 2 - Mr. Donald Fickett

CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

In addition, we have determined that your device tray contains Lidocaine 1%, which is subject to regulation as a drug.

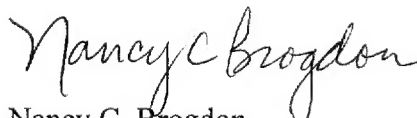
Our substantially equivalent determination does not apply to the drug component of your device. We recommend you first contact the Center for Drug Evaluation and Research before marketing your device with the drug component. For information on applicable Agency requirements for marketing this drug, we suggest you contact:

Director, Division of Drug Labeling Compliance (HFD-310)  
Center for Drug Evaluation and Research  
Food and Drug Administration  
5600 Fishers Lane  
Rockville, Maryland 20857  
(301) 594-0101

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market. If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally Part 809.10 for *in vitro* diagnostic devices), please contact the Office of Compliance at (301) 594-4616. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). Other general information on your responsibilities under the Act, may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll free number

(800) 638-2041 or (301) 443-6597, or at its Internet address  
<http://www.fda.gov/cdrh.dsma/dsmamain.html>.

Sincerely yours,



Nancy C. Brogdon  
Director, Division of Reproductive,  
Abdominal, and Radiological Devices  
Office of Device Evaluation  
Center for Devices and Radiological Health

Device Name: Pourchez Xpresso™ Silicone Twin Lumen Catheter With Separated Tips


Indications for Use: The Pourchez Xpresso™ is a silicone twin lumen catheter with separated tips designed for chronic (long-term) hemodialysis and apheresis. It is designed for percutaneous insertion or insertion via cutdown.

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE  
IF NEEDED)

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Concurrence of CDRH, Office of Device Evaluation (ODE)

(Optional Format 3-10-98)

  
**(Division Sign-Off)**  
Division of Reproductive, Abdominal,  
and Radiological Devices  
510(k) Number K013160